



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

5124
LASH

'06 JAN 26 P1:46

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
SPARKO	ROCHELLE	E	527-8006
MAILING ADDRESS (Street)			FAX
924 BETHEL ST.			527-8088
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

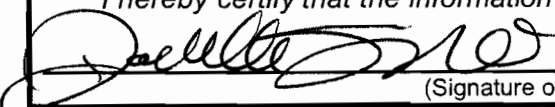
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
LEGAL AID SOCIETY OF HAWAII		536-4302
MAILING ADDRESS (Street)		FAX
924 BETHEL ST.		527-8088
(City)	(State)	(Zip Code)
HONOLULU	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
WAYNE KEAWE		527-8060
MAILING ADDRESS (Street)		FAX
924 BETHEL ST		527-8088
(City)	(State)	(Zip Code)
HONOLULU	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

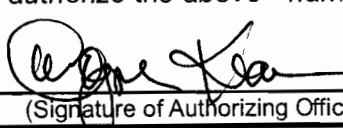
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/25/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Wayne Keawe		Comptroller	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Legal Aid Society of Hawaii		536-4302	
MAILING ADDRESS (Street)		FAX	
924 Bethel Street		527-8088	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		<u>1/26/06</u> (Date)	